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From Mark Sajewycz
Date October 22, 2003
Re U.S. Patent Application No.
09/833,606
Total Pages 3 (including cover)
File Number T8464265US
Staff Code 1616

o Return Fax Direct
o Original Sent by Mail

This is further to our telephone conversation of today. Please find attached a copy of a Revocation and Appointment of Agent for the above-identified patent application. Please ensure that it is recorded against the above-identified patent application.

Thank you.

Pam Grieve, assistant to
Mark W. Sajewycz

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TRANSMITTAL FORM <small>(to be used for all correspondence except notices)</small>	Application Number	09/833,606
	Filing Date	4/13/2001
	First Named Inventor	Manner
	Art Unit	1732
	Examiner Name	Harris
Total Number of Pages in This Submission	Attorney Docket Number	T8464265US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Preamble <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CP, Number of CP(s)	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks <div style="font-size: 1.2em; font-family: cursive;">Revocation and Appointment of Agent</div>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	26,912 Mark W. Sajewycz	
Signature		
Date		

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	MARK W. SAJEWYCZ, Reg No. 52,525	
Signature		Date October 2, 2003

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